



“Life of the Case” Analysis

In Home Case Management

1. OUTCOMES

- ☐ Child Safety
- ☐ Permanency for the Child
- ☐ Child and Family Well Being
- ☐ Appropriate Type, Level and Intensity of Services

The case management phase in the life of the case, whether for In Home Services or Placement Services, begins when a decision has been made, as a result of the Investigation process, that the child and family need services in order to ensure the safety, well-being, and permanency of the child. The primary goal of In Home Services is to ensure the child's current and future safety through Department of Child Services (DCS) intervention, supervision, services and support. DCS supervision provides the essential “eyes and ears” to monitor the family when the child remains in the home to ensure that the child is free from harm and that the parents are demonstrating behaviors essential to the child's safety. Services are to be provided to strengthen capabilities of the parents to fulfill their parental obligations to address the immediate and long term need for the child's safety, permanency and well-being. This expectation for child protective services is outlined in the Social Security Act, in Title IV, Parts B and E (42 US Code 620-629e and 670-679b), which emphasizes the use of family services whenever possible to minimize the trauma caused by removing a child from his/her home and for reducing the number of children entering into foster care.

IC 31-34-21-5.6 outlines circumstances in which the court may make a finding that reasonable efforts to preserve or reunify a child with his family are not required - conviction of certain crimes, involuntary termination of parental rights, abandonment. Otherwise, family and/or rehabilitative services are to be offered both to the child and family to maintain the child in his/her home, while ensuring the safety of the child. The types of services to be provided are outlined in IC 31-9-2-45, and are described as those services intended to prevent removal of a child from the child's own home. This requirement, under Title IV-E eligibility, is referred to as “Reasonable Efforts” to prevent removal. If allegations of a child abuse/neglect report are unsubstantiated, services to the child and family must be voluntary; DCS has no legal authority to require services without invoking the authority of the juvenile court. If removal is required, services focus on reuniting the child with the child's parent, guardian, or custodian and the implementation of a permanency plan for the child.

The In-Home Services Case Management process involves several key steps, including assessment of the type, level, intensity and duration of services required, case and permanency planning, monitoring of service provisions, interaction with the courts when necessary. In providing in-home services, each step in this process must be undertaken with the goals of ensuring the safety and permanency of the child.

Summary

At this point in the life of the case, a decision through the Intake and Investigation phases of the case has already been made that DCS should be involved with the family to ensure the safety and well-being of the child. In this phase of the case, the FCM (Family Case Manager) needs to answer the question “How should DCS be involved to address the factors identified through Intake and



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Investigation?” The FCM builds upon the information and findings gathered during Intake and Investigation to:

- ☐ Assess the safety and risk factors impacting on the child.
- ☐ Identify the type, level, intensity and duration the services required.
- ☐ Complete the Case Plan with the parents/child
- ☐ Mobilize the services.
- ☐ Provide case management and supervision to ensure the effectiveness of services, parent participation and the on-going safety and well-being of the child.

To fulfill these FCM responsibilities and achieve the outcomes for In-Home Services, the FCMs must be supported by clear policies, effective decision support tools, supervisory oversight and consultation, and the effective use of automation.

2. CRITERIA

- ☐ Investigation Findings
- ☐ Safety Factors
- ☐ Risk Factors
- ☐ Child's Strengths and Needs
- ☐ Family Strengths and Needs
- ☐ Type and Level of DCS In-Home Intervention

It is critical that the FCM has a clear understanding, from the Intake and Investigation phases of the case, of the incidents and findings stemming from the child protective allegations, the Risk Assessment, the Family Assessment of Strengths and Needs, and the available case type and service options. The information will be the basis used to develop a plan of action to adequately address the needs of the child and family and achieve the goals for DCS involvement with the family. Decisions and actions for In-Home Services need to be guided by clear criteria. Through the work done in developing the DCS life of the case workflows, Subject Matter Experts (SME) identified the criteria factors cited above as critical to their decisions and actions in providing In-Home services

Investigation Findings

Before the case is transferred from Investigation to an “Ongoing” FCM, one or more of the following findings has been made about the child protective abuse/neglect allegations (IC 31-33-8-12):

- ☐ **Indicated** - Significant indication that a child may be at risk for abuse or neglect or evidence that abuse or neglect previously occurred that cannot be classified as another finding.
- ☐ **Substantiated** - Credible evidence that child abuse or neglect has occurred according to the legal definition of child abuse or neglect found in subsection 201.2
- ☐ **Unsubstantiated** - Credible evidence that child abuse or neglect has not occurred.

The decisions and criteria for each of these findings are considered in more detail in the Life of the Case Analysis Investigation report. The investigation finding(s) is the basis for making the decision of whether or not DCS needs to continue to be involved with the family past the Investigation phase of the



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case. For the Ongoing FCM, the specific Investigative finding is one critical element in beginning the assessment process for the type, level and intensity of services and supervision that may be required for children remaining in their home. The Ongoing FCM needs to have information about the allegation findings from the ICWIS record, the hard copy case file, and the Investigator who made the determination. However, in practice, the case may be transferred to an Ongoing FCM without the benefit of a face-to-face discussion of the specific allegations and findings. This deprives the Ongoing FCM of the Investigator's perspective, and limits the FCM's insight into the case documentation and ICWIS entries. In addition, it may limit the FCM's ability to effectively incorporate the Risk Assessment, Safety Plan, and the Family Assessment of Strengths and Needs, completed during Investigation into the ongoing Case Plan (FPP 0046). It is important to note that in some counties, the investigation and on-going case management is handled by the same worker.

Safety Factors

Safety of the child is paramount throughout the life of the case whether the child is maintained in his/her home or in an approved placement setting. The evaluation of a child's safety, although formally completed in the Investigation phase of the life of the case with the completion of the Safety Assessment in ICWIS, must be a constant part of the Ongoing FCM's interaction with the child and family. The Investigator should implement a Safety Plan, which is also completed in ICWIS, before the case is transferred for Ongoing Case Management. Safety Plans are time-limited; safety considerations must also be addressed by the Case Plan, which is developed by the Ongoing FCM in conjunction with the parents.

Risk Factors

The Investigator must complete a Risk Assessment (Indiana Family Risk Assessment of Abuse and Neglect) in ICWIS as soon as possible following the decision to substantiate a case. The Risk Assessment is completed based on conditions that exist at the time of the reported incident, and identifies whether or not a family's probability of continued/future abuse is very high, high, moderate or low. The FCM should assess the child's safety at every contact with the child, parents, service providers and collaterals. When considering the safety of the child it is necessary to consider the immediate safety of the child which is addressed through the In-Home Services Case Plan, Services, Supervision and Support. Also very important for In-Home Services is the consideration of the likelihood that the maltreatment would reoccur in the future (Risk). Currently, there are clear risk and safety guidelines established for the Investigation phase of the life of the case, but there are no clear requirements for conducting risk and safety reassessments during the life of the case after the Investigation phase.

Child's Strengths and Needs

DCS has responsibility not only for the safety of the child but also the child's well-being. The Safety and Risk factors begin to identify the conditions impacting the immediate and future safety issues impacting the child. All children are entitled to have their physical, emotional, social and educational needs met to enable them to reach the fullness of their potential. The On-Going FCM needs to assess the individual strengths and needs of the child in each of these areas as the early identification of needs and strengths is critical in the selection of appropriate supportive services. Children with behavioral or emotional issues often place stress on the family unit resulting in child maltreatment. Determining appropriate services, educational support and enrichment activities that will enhance and support the child's self image and development is important to the child's overall well-being. While DCS has policy, practice and ICWIS support for Safety, Risk and Family Strengths and Needs, the same is not available for comprehensively identifying the child's strengths and needs, with the exception of the required Mental Health Screening Tool in ICWIS which is must be used within 7-10 days of the CHINS petition filing.



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Family Strengths and Needs

The Indiana Family Assessment of Strengths and Needs (SNA) instrument in ICWIS is completed on all substantiated cases before the disposition, and must be completed within 5 working days of the completion of the Risk Assessment, also in ICWIS. Depending on the county and whether the handoff from Investigation to Ongoing Case Management has occurred, the SNA may be completed by the Investigator or the FCM. Regardless, it is used to identify needs that must be addressed in the Case Plan. As part of this process, the FCM identifies the top five need areas for the family, which is done through a scoring process. At completion of the SNA, the FCM will enter the results of the scoring process into ICWIS and use this analysis to develop the Case Plan. The results of this scoring process indicates the possible types of DCS interventions – Information and Referral; Service Case; Service Referral Agreement; Informal Adjustment; and Child Becoming a Ward. The SNA tool and scoring process does not provide specific assistance to the FCM or her supervisory in identifying the type, level, intensity or duration of services, supervision or support that is required to build on the family's strengths to address need areas.

The FCM can build upon the information provided through Intake and Investigation; the Safety and Risk Factors; and the results of the SNA, but as important is the FCM's ability to actively engage with the family in a trusting and respectful manner to encourage and motivate the family's active participation in providing for the safety and well-being of their child. Engaging the parent and building a trusting relationship empowers the parent to be an active participant in the process by which service decisions are made. Evidence-based practice shows that a family is more invested in a plan when they are partners in the decision making process. When the expectations are clearly defined and the family is encouraged to build on its own strengths as well as developing a strong support system, a foundation for change is established to support the family in enhancing its ability to provide for the safety and well being of the child.

Type and Level of DCS In-Home Intervention

In Home services provide support to families to prevent out of home placement in cases of substantiated reports of child abuse or neglect. Services for families include education, counseling, visitation, sexual abuse treatment, parent aides, homemaker services, and home-based family services. There are several different levels of services and types of cases that are available to the FCM when In-Home Services are indicated. In some situations, the decision about the case type and service level may be made by the Investigator before the case is transferred to a FCM, while at other times, the FCM will be responsible for these decisions. The case types define the type of DCS intervention but do not provide any decision support tools for the FCM on what type, level, intensity and duration of services and supervision is required to build the parents' capacity to provide for the safety and well-being of the child. The service types are described by the nature of DCS involvement and the level of the voluntary participation of the parent – the service types do not provide any guidance regarding the specific type of service, level, intensity or duration of services.

Voluntary Cases/Service Requests

- Appropriate for unsubstantiated cases or unsolicited requests for service;
- Require voluntary participation of the parents;
- Not actively managed by DCS staff – referrals made to community providers.

Service Referral Agreement (SRA)

- Appropriate for substantiated cases where child is not in immediate danger in the home;
- Requires voluntary participation of the parents;
- Does not require court approval or involvement;



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- Lasts for 180 days with option to extend;
- Perpetrator not placed on SCR unless SRA fails.

Informal Adjustment (IA)

- Appropriate for substantiated cases where child is not in immediate danger in the home;
- Requires voluntary participation of the parents;
- Requires court approval;
- Lasts for 180 days with option to extend, automatically terminates after 12 months;
- Perpetrator placed on SCR;
- Requires progress reports to court at 5 and 11 months (if necessary).

In Home CHINS (Child in Need of Services) Case

- Appropriate for substantiated cases where child is not in immediate danger in the home;
- Requires court disposition;
- Service type and level determined by ICWIS Matrix of Potential Services;
- Perpetrator placed on SCR;

Following a joint determination by the FCM and the family of the type, level and intensity of services that can benefit the family, Case Plan objectives and activities are developed and documented on Case Plan (2956) no later than 45 days after the State assumes responsibility or of disposition, whichever comes first. The Case Plan, supported by ICWIS, does not include decision support regarding the specific needs and strengths of the child and family nor in identifying the services and supports necessary to build upon the strengths to address identified needs. The current Case Plan categories are very general such as “Identify Strengths Child Brings to the Plan...” Without providing a common lens for FCM, parents and others involved in the case for identifying categories of strengths such as the domains found in a tool like the North Carolina Family Assessment Scale (NCFAS).

Summary

Based on the specific allegations and the safety, risk and needs considerations for both the child and family, the FCM, along with the family must determine the type, duration and intensity of services to be provided. These objectives and activities should be documented in the Case Plan. There is very little support to the FCM in assessing the strengths and needs of the child, for identifying the specific family domains and parental strengths and needs and in developing a Case Plan that can support the efforts of the FCM, parents and other involved in the case. There are no decision support tools to assist the FCM in identifying the type, level, duration, intensity and frequency of services critical to providing for the safety and well-being of the child or for building the capacity of parents to provide for their child's safety and well-being. Currently, ICWIS does produce high level scoring data on family strengths and needs based on FCM data input into the system, but ultimately, it is the responsibility of the FCM to make final decisions about the services.



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3. ACTIVITIES

- ☐ Gather Information
- ☐ Organize/Analyze against the Criteria
- ☐ Decisions
- ☐ Case Transfer/Handoff
- ☐ Documentation
- ☐ Court Process

Gather Information

The FCM has primary responsibility for guiding the family through the support of the child welfare system towards the ultimate goal of safety for the child in his/her home. To do this, the FCM must:

- ☐ Be familiar with the circumstances that brought the family to DCS attention.
- ☐ Be aware of child risk and safety
- ☐ Assess accurately the capacity and needs of the child and the capacity and willingness of the parent(s) to provide for those needs.
- ☐ Identify the appropriate type, level and intensity of services (and placement if required) for the child and family.
- ☐ In conjunction with family and significant family supports develop the Case Plan
- ☐ Monitor the effectiveness of the services provided, either directly or through purchased services, to reach those goals.

Regardless of the case type, the Ongoing FCM must gather the following information to support the decision making process and steps involved in the Case Management phase in the life of the case:

- ☐ Nature and scope of the child abuse/neglect incident and findings (See Life of the Case Analysis – Investigation).
- ☐ Any prior DCS involvement with the family.
- ☐ Safety factors and Safety Plan in place to protect the child.
- ☐ Indiana Family Risk Assessment of Abuse and Neglect.
- ☐ Indiana Family Assessment of Strengths and Needs.
- ☐ Family composition and dynamics.
- ☐ Family support system.
- ☐ Other agencies that may be involved with the family, such as law enforcement, the court, or community service.

Although much of this information may be gathered by the Investigator and transferred to the Ongoing FCM through ICWIS, hard copy, or face-to-face conference, in practice FCMs regularly perform their own research to gather this information. Outside of the FPP 310 and 311 forms, DCS does not have a specified tool that is used for the purpose of gathering, organizing, and prioritizing information to support decisions regarding required services and case management activities. Developing a standard



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tool to gather and display information about a specific case, such as a “Life of the Case” Case History report, would facilitate the gathering of information, and minimize the amount of outside research to be done by the FCM.

Organize/Analyze Against the Criteria

Once information is gathered, the FCM must analyze it and use it to make decisions relating to the provision of services. There are specific steps that must be taken at this phase in order to ensure that all of the criteria are addressed and policy mandates are fulfilled.

Reassess Risk

By Policy (*Draft Policy Manual for the Indiana Division of Family and Children Safety, Risk, and Strengths/Needs Assessment*), reassessments are performed at established intervals as long as the case remains active. The tool used to reassess risk is different than the ICWIS supported tool used by the Investigator for the initial Risk Assessment. Ongoing FCMs use the Indiana Family Risk Reassessment in ICWIS (“Risk Reassessment”). Specific times when this must be completed include:

- 1) Anytime there is a significant change in the case, at FCM discretion with Supervisory approval.
- 2) When an ongoing case is due for review (reviews occur every 180 days by policy). At least three months of ongoing case service must have been provided prior to a required risk reassessment);
- 3) Prior to any decision to continue services, reunify, or close the case.

Risk reassessment ensures that risk of maltreatment will be examined and family service needs will be considered in later stages of the service delivery process and that case decisions will be made accordingly. At reassessment, the FCM reevaluates the family using instruments in ICWIS that are designed to help systematically assess changes in risk levels and service needs. Case progress will determine if a lower or higher service level is needed, or if the case can be closed. The decision about how often to reassess risk is at the FCM discretion with Supervisory approval, except for 2 and 3 cited above. SMEs indicated that decisions surrounding provision of services based on risk reassessment are made based on professional judgment and the ICWIS Risk Reassessment tool. There are no additional decision support tools to assist in this process, which again leaves this important decision up to individual professional judgment and the ICWIS output, not to a systematic, supported evaluation by the FCM using best practices decision support tools to reinforce individual professional judgment.

Reassess Family and Child Strengths/Needs

In addition to reassessing Risk, the FCM must reassess family strengths and needs using the Indiana Reassessment of Strengths and Needs (“SNA Reassessment”) in ICWIS. The SNA Reassessment is done at the same intervals as the Risk Reassessment, and also for placement cases after a Mental Health Screen in ICWIS indicates that a child requires a mental health assessment. The concerns raised above about the Risk Reassessment also hold true for the SNA Reassessment.

Reassess Services for Effectiveness

In order to ensure that appropriate services are being provided and that services are effective, the FCM must monitor purchase of service providers on a regular basis. The FCM must ask whether the services being provided to the family are meeting the identified needs and if progress is being made. If the services that are being provided are not producing the needed change or outcomes, the worker must be able to adjust services as necessary.



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SMEs indicated that in many counties, the FCM does not systematically monitor the quality of the services being provided, and are not aware of how to address any concerns or issues they notice in the course of Case Management, other than discussing them in regular staffings or with Supervisors. FCMs are not generally trained on reviewing service outcomes, and do not have tools to assess service delivery. This could result in children and families not receiving the services they need to achieve the Case Plan goals.

Reassess Safety and Safety Planning

Currently, the Child Welfare Policy Manual states that a Safety Plans are to be established at four specific occurrences throughout the life of the case. These are as follows, and occur primarily during Investigation, and at case closure:

- 1) At the time of the Safety Assessment during Investigation, if the FCM determines there are safety factors present and there is need for intervention with the parents to provide more effective protection for the safety of their children.
- 2) At the completion of an Investigation when DCS will not be providing services (unsubstantiated).
- 3) At case closure, if the multidisciplinary team recommends closure of a case but the SNA Reassessment continues to identify needs which do not cause risk to the child.
- 4) At the completion of an Investigation when DCS determines that the Investigation findings will be "Indicated".

It is appropriate to consider safety at these four moments in the life of the case; however, safety must be an ongoing concern, and should be reassessed continuously by the FCM. FCMs should have a decision support tool to use in the field, when they have contact with the child, so that safety is a constant consideration. Supervisors should review safety decisions made by FCMs. In addition, ICWIS should be altered to allow for more frequent Safety Plan updates, rather than the four times noted above, which are currently the only times updates may be made in ICWIS.

Decisions

The critical outcomes of In Home Case Management are the safety of the child, the well being of the child and family and timely and appropriate permanency so that children remain safely with their parents. The decisions made by DCS should support the development of a clear and specific Case Plan (goals, services, actions, responsibilities and timelines) linked to the safety and risk factors that if the foundation for DCS' involvement in the life of the family and child and the achievement of the identified outcomes for the child(ren) and family.

Type, Intensity and Duration of Service

The decision must be made as to the type, level, intensity and frequency of services to be provided to the family and child. The Assessments in the ICWIS system result in output recommending the type of DCS intervention (SRA, IA, CHINS); however, there is no decision support on the level, intensity and duration of services. The FCM makes independent decisions outside of the ICWIS system to finalize the decisions about services. SMEs indicated that the type of case is heavily reliant on the ICWIS output, and that FCMs and Supervisors do not always feel confident in overriding the ICWIS decisions, potentially due to the fact that there are no decision support tools outside of ICWIS to assist in the decision to override.

Each of the different type of DCS intervention has several key characteristics that must be evaluated to ensure the appropriate DCS intervention on behalf of the child's safety and well-being – but none of the DCS case types provide any clear guidance on the services to be provided to meet the child and family's needs. The Service Types include:



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Voluntary Cases/Service Requests: When allegations are unsubstantiated, families may obtain services on a strictly voluntary basis, and referrals may be made to community providers as necessary. Voluntary cases are not actively managed by DCS staff; instead, referrals are made to community-based service providers.

SRA (Service Referral Agreement): An SRA is appropriate when a child abuse or neglect report is substantiated but DCS concludes that the case does not require immediate removal from the home. In SRA cases, the family agrees to voluntarily participate in family or rehabilitative services for a period not to exceed 6 months. There is no court action for SRA cases, but failure to comply with agreed upon so will result in termination of the agreement and submission to the State Central Registry (SCR). Other consequences for failure to comply will be based on the results of the assessment of safety, risk and needs; the FCM will also consider legal action if needed to assure the safety of the child.

The Child Welfare Policy Manual (206.3) states the SRA begins as soon as the parent signs the documents, and the FCM must refer the family to services within one week. There is no court involvement in an SRA.

IA (Informal Adjustment): Like with the SRA, an IA is instituted when DCS determines that the substantiated case does not require immediate removal from the home. Unlike the SRA, the court must approve the IA, and all IA cases are entered into the State Central Registry (SCR). The family must be advised on the SCR registration both in writing and orally. An IA is approved by the Juvenile Court, and cannot exceed 6 months, but can be extended for 6 additional months. By policy, an IA must be developed with parental participation.

In Home CHINS: If an SRA or IA are not appropriate, and DCS believes that removal from the home is not yet necessary, In Home CHINS may be the correct case type. The CHINS designation has several different levels, and requires court involvement and disposition. FCMs must complete a number of required activities throughout the CHINS process, including formal Case Planning using the Case Plan module in ICWIS, completion of a Genogram (30 days from adjudication), and completion of a Mental Health Screen in ICWIS within 7-10 days of the filing of the CHINS petition. SMEs noted concern about the Genogram and Mental Health Screen. Specifically, although most agreed the Genogram is a useful tool, they believe that it is time consuming and confusing to create. All SMEs expressed interest in having a standard template to facilitate the creation of the Genogram, and additional training on the purpose and importance of the tool. Relating to the Mental Health Screen, policy states that this must be done even if the child has had a prior psychological examination, and that it must be repeated until a clear finding is made. SMEs indicated that Statewide perception is that policy mandates the Mental Health Screen be repeated until the finding indicates the child screens positive for possible mental health issues. The Center's reading of the policy differs from this perception; however, this is an area for consideration in the Core Training Program to eliminate this misconception amongst FCMs.

Develop the Case Plan/Agreements

Based upon the reasons for DCS involvement, the decision making process in identifying the type of DCS intervention and the identification, a Case Plan must be completed for all In Home CHINS cases. But for SRAs, or IAs the Service Referral Agreement or Informal Adjustment document serve as the "Case Plan" in these situations.

Policy states that the FCM is to work together with parents to achieve the objectives and activities of the Case Plan to address the identified risk and needs, but does not specify that the child, other family members, or other persons should be included. The Case Plan is to be developed no later than 45 days after the State assumes responsibility for the child, meaning the date of removal from the home or disposition of CHINS status, whichever occurs first. Supervisors are not required by policy to approve a Case Plan; however ICWIS does require Supervisory approval. As part of the Case Planning process, the FCM must identify and mobilize appropriate services, establish a permanency goal and plan, meet with the child face to face as often as required by the designated case type, and monitor compliance with



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stated goals, visitation plan, and objectives. SMEs indicated that none of these stated activities is supported by clear policy, decision support tools, or standard Supervisory approval or Quality Assurance moments.

It will be important for IN DCS to require a clear and specific Case Plan for all cases and to enhance the Case Plan process and tool to include an evidence-based approach to identify:

- ☐ Child and family strengths and needs
- ☐ The relationship of those strengths and needs to Case Plan Goals
- ☐ Specific actions essential to build on the identified strengths to address needs and provide for the safety of the child; the well-being of the child and family; and permanency for the child
- ☐ FCM, parent and other providers responsibilities in implementing actions
- ☐ Timelines for accomplishing the identified Case Plan Actions

SMEs indicated that the decisions about appropriate services and the proper monitoring of the case process are achieved solely by reliance on professional judgment and experience and are supported by the systematic use of decision support or case management tools. In some counties, Supervisors are involved in the decisions relating to service provision, strictly due to the fact that the county has specific funding concerns, and all decisions must be made with those concerns in mind.

A Case Planning tool such as NCFAS can provide a “common lens” for all involved in the case to clearly see the reasons for DCS involvement, the strengths and needs of the family and the actions and services essential to achieve child safety, child and family well being and appropriate permanency for the child.

Policy dictates a court progress report must be completed every 180 days, and a case be formally reviewed by the court at the same interval. Local practice may require more frequent review, and the specific requirements for the case review are dictated by the local court. If the FCM determines that progress is not being made in an In Home CHINS case, the worker may file for a modification of the petition and submit to the court. The court has several options at his time, including, removal from the home and placement in foster care, modifications of the terms and conditions of the orders, placement with a legal non-custodial parent, relative care, incarceration or contempt of court. Alternatively, if the family is making progress and the FCM may pursue case closure with the court. In practice, not in policy, the Supervisor reviews and approves these decisions before the court’s case review. However, in reality, case staffings may be the only form of Supervisory review that occurs.

Case Closure

When the family has made sufficient progress toward the goal of child safety and permanency, the FCM recommends to the court that the case be closed. A re-assessment of risk and needs must be completed within 30 days prior to case closure and recorded in ICWIS. All case closure recommendations must have supervisory approval. If the Court concurs, the case is closed for DHS services and the case is archived.

Case Transfer and Handoff

There are several different handoffs and transfers that occur in the Ongoing Case Management phase in the life of the case.

- ☐ Investigation to Ongoing Case Management
- ☐ Ongoing Case Manager to Service Provider



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The transfer of the case from the Investigator to the Ongoing FCM varies among the county offices in format and timing, and there are several intermediary handoffs that must occur before the case is assigned to the Ongoing FCM. There is no current policy regarding handoff documentation or activities for any of these transfers, although according to the SMEs, in general “everything” that has been collected throughout the duration of the case is generally transferred in hard copy and ICWIS. There is also no current policy standard relating to the structure and contents of the case file itself. Although a model file does exist in Section 11 of the Child Welfare Policy Manual, this section is not available on the State’s web site.

Official case transfers happen via Supervisors. If a separate Investigation unit exists in a county, the Supervisor in this unit will assign the case to an Ongoing Case Management Supervisor. The Ongoing Supervisor technically has case responsibility until the case is assigned to an FCM. This results in cases being left “uncovered” until the case is actually assigned to a FCM. Although the case is technically signed to a Supervisor, it is unlikely that the Supervisor is actually working the case during this time period.

There is no standard process for assigning cases to Ongoing FCMs. Each Supervisor uses county-specific criteria, including workload distribution, expertise, specialization, or court schedules. In addition, policy does not address the timeline for case assignments. SMEs indicated that the case assignment happens via ICWIS, and also generally includes a physical transfer of the hard copy case file. Although some counties utilize face-to-face conferences to facilitate the transfer, this practice is not standard, resulting in Ongoing FCMs receiving cases with no insight into the case other than the contents of ICWIS and the hard copy case file.

Research shows that the best results occur when the child, family and provider are adequately prepared for the provision of services. When FCMs identify services to be provided by purchase of service providers a referral readiness process is indicated. SMEs indicated that often, there is minimal information given to the providers in preparation for the services, and there are no guidelines for preparation of any of the parties. In addition, there are no guidelines for effective monitoring and evaluation of progress toward case goals of the services given by the purchase of service providers.

Documentation

Policy offers minimal guidance for the documentation requirements for In Home Case Management services, other than the specific documents and assessments listed above for each In Home case type. As noted earlier, the section of the Child Welfare Policy Manual containing the standard case file format and contents is not readily accessible on the State’s web site. Also of concern is that there are a number of forms included in the Child Welfare Policy Manual that are not actually required; they are included for optional use by FCMs, and use differs widely by county. SMEs indicated that the inclusion of optional forms often confuses new FCMs, who have enough difficulty clearly understanding how and when to use the *required* forms.

Most of the required documentation actually consists of data entry into ICWIS, but policy is unclear on the requirements for the hard copy file. Because there are no specific requirements for the contents of a case at time of handoff or transfer, cases pass from phase to phase in the life of the case without standard contents that may be needed at the next phase. In addition, SMEs indicated that services are not regularly recorded in ICWIS, although the module to do so exists. Services may be tracked in the hard copy case file.

SMEs indicated that policy is not clear relating to required activities and documentation pertaining to case closures. SMEs were able to clearly articulate the steps required to close a case, but these requirements are not detailed in the Child Welfare Policy Manual. Clear policy, including specific required actions, should be developed to ensure all cases are closed in ICWIS and hard copy in a timely manner and all appropriate actions are taken to ensure the continued safety of the child after reunification or other reason for case closure.



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Court Process

There is no court involvement in voluntary services or SRAs, but the courts must approve IAs and must also be involved for In-Home CHINS cases. Depending on the county, the FCM or the county attorney may prepare the required court documents and participate in the court proceedings; practice varies widely by county.

According to the SMEs, the court process is generally well understood, but all expressed concern that requirements differ so widely, based on the county and the particular Juvenile Judge presiding over the court. There is no consistent application of the models in the Judges' Bench Book, which could lead to differences in funding available to counties (such as Title IV-E reimbursement, which is tied to specific court language and actions). Also of concern is the fact that hearing information entered into ICWIS is not necessarily complete, as workers may enter only the minimal information required for AFCARS and Title IV-E eligibility determination.

When In-Home CHINS is the recommended case type in ICWIS, and the FCM agrees with this recommendation, the next step is the CHINS court process. The court must become involved whether the need for CHINS is determined at Investigation or later in a case after services have already been provided. Supervisors must be consulted and at a minimum, verbal approval obtained before an In-Home CHINS petition may be filed with the court.

In-Home CHINS Petition

The FCM must file a CHINS petition to initiate the In-Home CHINS process. As part of this process, the non-custodial parent must be located, or diligent efforts towards location must be documented in the case file. SMEs indicated that it is important to make these attempts at this stage, in case later the child must be removed from the home and/or the parental rights must be terminated.

SMEs indicated that the preparation for the CHINS petition varies by county, with FCMs preparing the petition information in some counties, and County Attorneys completing it in other counties. Required paperwork and documentation also varies by county and often, by Judge.

Courts will either accept or deny the CHINS petition. If denied, workers may re-file the petition at a later date, should more information be obtained. If approved, an initial hearing will be set. Workers must enter the date and time of the hearing as soon as determined into ICWIS, and notify all parties of the date and time.

The purpose of the initial hearing is to inform the parties of the allegations, determine if a Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL) is required, and determine the types of hearings that will follow. If the parents do not admit to the allegations, a Fact Finding hearing will be the next stage of the court process. If they do admit to the allegations, the next step is a Dispositional hearing. In practice, all three types of hearings may occur on the same day. Hearing details must be entered into ICWIS.

Fact-Finding hearings are meant to provide the courts with the necessary information to make a decision about the facts of the case. At this hearing, the court will make a decision about the status of the case, and to what extent government should continue to be involved with the family. All parties may participate in this hearing, including witnesses, friends, and relatives.

At the Fact-Finding hearing, the court may find that there is not reason to grant CHINS status. In this situation, DCS may try to continue non court-mandated services, such as an IA. However, families cannot be forced to accept or participate in services that are not the result of court action.

Once the facts of the case are determined and the adjudication is made, the next step is the dispositional hearing. At this stage, workers must file petitions of parental participation in the case, prepare and distribute the Pre-Dispositional Report, the Case Plan, the Reasonable Efforts Checklist, and the visitation plan. As noted earlier, SMEs indicated that every court has different requirements for the dispositional hearing documents, and that the forms and model documents in the Judges' Bench Book are not universally applied.



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4. DECISIONS

- ☐ Type, Duration and Intensity of Services
- ☐ Case Progress
- ☐ Service Monitoring

As noted above, all information relating to safety, risk and needs are entered into the ICWIS system, and a recommendation for the type of DCS intervention (Voluntary, SRA, IA or CHINS) is produced. ICWIS does not produce anything further to support the FCM decisions regarding the duration and intensity of services that may be required to meet the child and family's needs.

SMEs also indicated a lack of clear policy relating to the monitoring of case progress outside of the ICWIS assessment framework. FCMs are expected to determine whether objectives have been met, and if not, if progress is being made towards the objectives. If not, decisions must be made about altering those services and/or moving forward with court action. Although the ICWIS assessment tools are meant to assist in this process, in practice, decisions are often made before data is entered into the system, with ICWIS serving as a documentation tool only. Decision support tools and clear policies relating to Supervisory approvals and use of case staffings for decision making purposes would assist FCMs in making decisions and supporting those decisions with clear documentation.

Finally, FCMs are expected to monitor the services provided by DCS to children via third party service providers, but are not provided with any clear policy or guidelines to help them do so. Services may cease to be appropriate as the family makes case progress, or the original services may have been inappropriate from the very beginning. Lack of guidelines for monitoring performance and outcomes relating to third party service providers may result in children and families continuing to receive services that are inappropriate for their needs, or are not achieving desired results.

5. HANDOFFS/CASE TRANSFER

- ☐ Ongoing Case Manager to Service Provider
- ☐ FCM to FCM for Back-Up Coverage

As stated earlier, there are several handoffs that occur in the Ongoing Case Management phase in the life of the case, but there is no current policy regarding handoff documentation or activities for any of these transfers, or to the structure and contents of hard copy case files. The lack of handoff requirements may be due to the fact that in many counties, the same worker may be responsible for Intake, Investigation, Case Management, or any combination of these phases. However, in larger counties, these handoffs do happen between phases, and in all counties, handoffs occur when workers are out of the office for any number of reasons.

SMEs indicated that often, there is minimal information given to the providers in preparation for the services, and there are no guidelines for preparation of any of the parties. There is no required or formalized referral readiness process for preparing the family and child to receive the purchased services. In addition, there are no guidelines for how FCMs should monitor the effectiveness of the services given by the purchase of service providers.



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6. RECOMMENDATIONS

Based upon the detailed Workflows that have been developed, and review of Indiana's laws, policies, and procedures, the following recommendations are offered. They include improvements in case transfer policies and practices, Supervisory oversight, quality assurance, and decision support tools, among others.

Policy/Procedure

1. Establish the requirement for the completion of a new Safety Assessment and Safety Plan whenever the FCM becomes aware of the existence of new safety factors. Also modify ICWIS to allow for unlimited Safety Plan updates, rather than limiting updates to the four specified times in the life of the case. This would strengthen DCS' safety assessment efforts, document the agreement between the FCM and the parent to provide a safe environment for the child, and provide the needed documentation of compliance with federal requirements for "*Reasonable Efforts*" to prevent removal.
2. Clarify policy relating to the development of the Safety Plan, and standardize the terminology relating to this process. Currently, the terms "Safety Plan" and "Safety Response" are used interchangeably.
3. If the need to maintain both documents continues to exist, ensure that policy stated in the Indiana Child Welfare Policy Manual and the Draft Policy Manual for The Indiana Division of Family and Children Safety, Risk, and Strengths/Needs Assessment are consistent.
4. Establish policy timelines in which Supervisors must assign cases to a FCM. Currently, cases may be effectively "uncovered" until a Supervisor assigns the case, putting children at risk and delaying services.
5. Revise policy to clarify that the child, other family members and appropriate parties may be involved in the Case Planning process. Current policy specifies only parental participation, excluding valuable input into the development of the Case Plan.
6. Develop policy regarding case closure requirements for all case types. Current policy does not clearly outline the requirements for closing a case.
7. Currently in Policy Mental Health Screen is required for placement cases, SME's reported that it was also required for In-Home cases. DCS should clarify in policy and through training the requirements for Mental Health Screen including the consideration of eliminating the need for the required Mental Health Screen if the child is already receiving mental health services. FCMs indicated that this requirement duplicates services the child already receives, and is a waste of valuable resources.
8. Promote the Statewide use of the model court forms, orders, and documents in the Judges' Bench Book. Inconsistency across the state may lead to inconsistent information received by the court, and loss of federal reimbursement due to federal requirements not being met consistently throughout the State.
9. Include only required State forms in the Child Welfare Policy Manual. Currently, there are a number of "optional" forms that may confuse new FCMs.
10. Tailor Case Plan in ICWIS to include SRA and IA cases. Currently, the SRA and/or IA documents themselves serve as the Case Plan. Children receiving these services deserve the same level of planning and attention as In-Home CHINS cases. Modifying the Case Plan document to include these cases would also clarify and make consistent requirements for FCMs.



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11. Clarify visitation requirements for In-Home CHINS cases. SMEs indicated that there is general confusion surrounding the frequency, start date, and type of visits that are required for In-Home CHINS cases.
12. Require services to be tracked in ICWIS. This functionality exists in the system, but according to SMEs, is not widely used. Lack of service history in the system limits future understanding of the family and child's history with DCS.

Decision Support and Validation

1. Develop decision support tools to assist FCMs in the critical decisions relating to type, duration and intensity of services outside of the ICWIS system. Currently, ICWIS provides recommendations, but FCMs have no guidelines on how to evaluate and validate the recommendations made by the system.
2. Enhance the approach and tools used to develop the Case Plan for both In Home and Placement Cases. Consideration should be given to using an evidence-based tool such as NCFAS for assessing the strengths and needs of the child and family. This tool should be linked to the Case Plan tool which will identify, based upon NCFAS, the child and family's strengths and needs; service goals; specific actions and services essential to achieve the Case Plan Goals; responsibilities of all involved in the case (FCM, Parents, Providers and Informal Supports); and timelines for implementing actions and services and achievement of Goals.
3. Develop a template to assist FCMs in the development of the required Genograms. SMEs stated the importance of this tool; however they felt the FCMs should have more flexibility in the use of Genograms, and also that there is a need for training on the use and purpose of Genograms.
4. Develop an inventory of available services and systems of care for workers to have easy access to information on all available options. SMEs indicated that FCMs are not always aware of all services available to them in their own county or in surrounding counties.
5. Develop a "Life of the Case" Case History report in ICWIS that provides a concise yet thorough picture of the family and child's involvement with DCS. Such a report would provide FCMs, Supervisors, Directors, purchase of service providers, and those in Central Office with an immediate snapshot of the case, eliminating the need for unnecessary research when questions or issues arise.
6. Develop a "How-Do-?" Guide to for the development of the Case Plan and Case Management.

Supervisory Review

1. Revise policy to require Supervisory approval of Case Plans. Currently, approval is required in ICWIS, but this requirement is not stated in policy.
2. Implement a structured Supervisory Review process that incorporates review of all major case decisions at given intervals in Ongoing Case Management phase in the life of the case (Safety, Risk, Services, Case Closure)

Case Transfer

1. Develop a formal case transfer process that includes a standardized case transfer package and protocol, including a face-to-face conference when cases are transferred from Investigator to FCM, and FCM to service provider.